

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006870

FILED
Apr 29, 2004
Secretary of State

Entity Name: GLOBAL LANGUAGE CENTER, INC.

Current Principal Place of Business:

531 MAIN ST
STE K
SAFETY HARBOR, FL 34695

New Principal Place of Business:

404 PALM BLUFF STREET
CLEARWATER, FL 33755 FL

Current Mailing Address:

531 MAIN ST
STE K
SAFETY HARBOR, FL 34695

New Mailing Address:

404 PALM BLUFF ST
CLEARWATER, FL 33755 FL

FEI Number: 59-3627735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEARNS, TRUDI
404 PALM BLUFF STREET
CLEARWATER, FL 33755

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KEARNS, TRUDI
Address: 404 PALM BLUFF STREET
City-St-Zip: CLEARWATER, FL 33755

Title: T () Delete
Name: KEARNS, WAYNE
Address: 404 PALM BLUFF STREET
City-St-Zip: CLEARWATER, FL 33755

Title: S () Delete
Name: BRANQUINNO, RAMON MARQUEZ
Address: 404 PALM BLUFF STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D (X) Delete
Name: BRED, FERNANDO
Address: 2957 LAUREL COURT
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Delete
Name: PEARSON, DAVID M
Address: 2957 LAUREL COURT
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Delete
Name: PEARSON, VIRGINIA M DR
Address: 2957 LAUREL COURT
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BRANQUINNO, RENE
Address: 404 PALM BLUFF STREET
City-St-Zip: CLEARWATER, FL 33755

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRUDI KEARNS

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date